

D.I. # _____

CIVIL ACTION

NUMBER: _____

06CV445 KAS

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™ 06-445 KAS
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 5.60
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.85

RODNEY SOYAR
Postmark
Here
SEP 2000
DE 10861
RECEIPT DE 10861
2000

Sent To: WARDEN TOM CARROLL
DELAWARE CORRECTIONAL CENTER
Street, Apt. No.
or PO Box No.
1181 PADDOCK RD.
City, State, ZIP
SMYRNA, DE 19977

PS Form 3800, June 2002 See Reverse for Instructions